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Bib Data Sheet

CONFIRMATION NO. 4541

<b>SERIAL NUMBER</b> 10/046,935	<b>FILING DATE</b> 01/15/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 210121.527C1
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *R*  
 THIS APPLICATION IS A CIP OF 09/878,178 06/08/2001 ✓  
 WHICH CLAIMS BENEFIT OF 60/270,216 02/20/2001 ✓  
 AND CLAIMS BENEFIT OF 60/210,899 06/09/2000 ✓

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE* *R*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/22/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Dr. R. J. Wang</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
00500

**TITLE**  
Compositions and methods for the therapy and diagnosis of colon cancer

<b>FILING FEE RECEIVED</b> 870	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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